

MDR Tracking Number: M5-04-3149-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 05-20-04.

The IRO reviewed office visits and MI/IR rendered from 08-08-03 through 10-03-03 that were denied based "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-12-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 99080-73 for date of service 10-03-03 denied with denial code U. This service is a TWCC required report and is therefore reviewed as a fee issue. The requestor submitted relevant information to support delivery of service. Reimbursement in the amount of \$15.00 is recommended per the Medical Fee Guidelines effective 08-01-03.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 08-08-03 through 10-03-03 in this dispute.

This Findings and Decision and Order are hereby issued this 23rd day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

MEDICAL REVIEW OF TEXAS
[IRO #5259]
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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-3149-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	

August 17, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

Available information suggests that this patient reports experiencing a lower back injury while at work on _____. He presented initially to the emergency room where x-rays were taken and found essentially unremarkable. The patient eventually presented to a chiropractor, Dr. C, and was diagnosed with lumbar disc displacement. The patient apparently underwent extensive physical therapy, chiropractic manipulation and a work hardening program. He was returned to light duty and discharged on 11/18/02. No specific records from this treating doctor are available for review. The patient is seen by designated doctor, Dr. B on 01/20/03 and is found to have lumbar radiculitis and bilateral sacroiliitis and is not at MMI. He recommends that the patient undergo MRI, EMG studies and orthopedic consult. He anticipates MMI should be achieved by 04/21/03. MRI is performed 02/07/03 suggesting L5/S1 left disc protrusion. The patient was referred to a neurosurgeon, Dr. M, who had recommended surgery. This was apparently refused by the patient and epidural steroid injections were offered instead. On 07/01/03, the patient appears to change doctors to another chiropractor, Dr. Y. Because of persisting low back pain and radiculopathy, the patient was referred for orthopedic evaluation by a Dr. S. Again, lumbar blocks and ESIs were recommended. The patient was continued with chiropractic manipulations and eventually underwent injections on 09/09/03. The patient followed with post injection manipulations and apparently reported significant improvement. EMG studies were performed and suggested L5/S1 radiculopathy. On 09/24/03, the patient was evaluated and was placed at MMI with 10% WP residual impairment

for his ____ injury. The patient has apparently been released to return to work and has required follow-up conservative care on 10/03/03.

REQUESTED SERVICE(S)

Determine medical necessity for office visits (99212, 99213) and MI/IR (99455) for period in dispute 08/08/03 through 10/03/03.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Medical necessity for these ongoing treatments and services (08/08/03 through 10/03/03) **are reasonably supported** by available documentation. Ongoing therapeutic applications and diagnostic evaluations of this nature do appear to have lead to progressive improvement and ability for this patient to return to gainful employment.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. J Manipulative Physiol Ther 2002; 25(1):10-20.
3. Bigos S., et. al., AHCPR, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Morton JE. Manipulation in the treatment of acute low back pain. J Man Manip Ther 1999; 7(4):182-189.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information

may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.